

# Continued Professional Development (CPD) Allowance – Claim Form for 2022

**NHS Ophthalmic Services Wales claim form for CPD undertaken in the Year 1<sup>st</sup> January 2022 to 31<sup>st</sup> December 2022**

The allowance for CPD is payable to the following people:

- An Optometrist (OL) who was included in the ophthalmic list/supplementary ophthalmic list of a Local Health Board (LHB) to which they make a claim for CPD allowance for a period of 6 months during the relevant year and have maintained their professional registration and have undertaken appropriate CPD during the relevant year.
- An Ophthalmic Medical Practitioner (OMP) whose only remunerated medical or optical activity was the conduct of Primary Ophthalmic Services and who was included in the ophthalmic list/supplementary ophthalmic list of a LHB to which they make a claim for CPD allowance for a period of 6 months during the relevant year and have maintained their professional registration and have undertaken appropriate CPD during the relevant year.
- An Independent Prescribing Optometrist (IPO) who was included in the ophthalmic list of a LHB to which they make a claim for CPD allowance for a period of 6 months during the relevant year and maintained their professional registration and have undertaken appropriate CPD during the relevant year.
- An employed Optometrist, locum Optometrist, employed OMP, employed Independent Prescribing Optometrist, who was included in the supplementary list of a LHB and assisted in the provision of general ophthalmic services and/or eye examination services for a period of 6 months during the relevant year and the Optometrist/OMP has maintained their professional registration and have undertaken appropriate CPD during the relevant year.
- A Dispensing Optician (DO)/Contact Lens Optician (CLO), who was employed by a Contractor in Wales included in the ophthalmic list of a LHB for a period of 6 months during the relevant year and the DO/CLO have maintained their professional registration and have undertaken appropriate CPD during the relevant year.

**Please note:** Only one CPD allowance may be claimed in respect of any one person. Where an Optician/OMP or DO/CLO is employed by two or more contractors, the CPD allowance will be paid to the Contractor which the Optician/OMP or DO/CLO nominates for the purpose of payment of the CPD allowance. A separate claim form must be completed for each CPD allowance.

***Claims should only be made if the person has undertaken the majority of their work within Wales during the relevant year.***

**CLAIMS MUST BE MADE BY 12 MARCH 2024.**

## Part A: Name and details of the claimant

Full Name:	
GOC Number:	
GMC Number (where applicable)	

## Part B: The CPD allowance you are entitled to and claiming for

I hereby claim for the CPD Allowance for the year 1 January 2022 to 31 December 2022 and I am claiming as: (please tick one box only)

- An Optometrist/OMP (Contractor) ☐
- An Independent Prescribing Optometrist (Contractor) ☐
- An Employed Optometrist/Locum/OMP ☐
- An Employed Independent Prescribing Optometrist ☐
- A Dispensing Optician ☐
- A Contact Lens Optician ☐
- A Contact Lens Optician accredited for WGOS 2 (EHEW) ☐

## Part C: Contractor (Employer) Details of Whom Payment is to be made

Please provide the name and practice address of the Contractor (Employer) to whom payment is to be made. Please write in BLOCK CAPITALS:	
Ophthalmic list number of the Contractor (Employer) (including prefix and suffix):	CO / OL 01- 7A

## Part D: To be completed by an Optometrist; OMP; or Independent Prescribing Optometrist making a claim for themselves

LHB to whom I make this claim, where I was listed on the ophthalmic list during **2022** (please tick one box):

- |                             |                          |                         |                          |
|-----------------------------|--------------------------|-------------------------|--------------------------|
| Aneurin Bevan UHB (7A6)     | <input type="checkbox"/> | Hywel Dda UHB (7A2)     | <input type="checkbox"/> |
| Betsi Cadwaladr UHB (7A1)   | <input type="checkbox"/> | Powys teaching HB (7A7) | <input type="checkbox"/> |
| Cardiff & Vale UHB (7A4)    | <input type="checkbox"/> | Swansea Bay UHB (7A3)   | <input type="checkbox"/> |
| Cwm Taf Morgannwg UHB (7A5) | <input type="checkbox"/> |                         |                          |

Where this is in respect of my personal CPD, I also confirm that I was a Contractor on the ophthalmic list of the LHB listed above from whom I am claiming this grant for at least 6 months during the relevant year (during which period I maintained my professional registration). This is the only claim for the CPD Allowance that I have submitted or will submit in respect of 2022.

I hereby claim payment of the CPD Allowance for Optometrists/OMPs/Independent Prescribing Optometrist, and I declare that:

- I have undertaken the appropriate CPD during 2022;
- I have maintained my professional registration in 2022;
- I am properly entitled to claim the CPD Allowance;
- The information I have given on this form is correct and complete;
- I understand that if it is not appropriate action may be taken.

For the purpose of verification of this claim for NHS funds and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by the LHBs and the NHS Counter Fraud and Security Management Service.

In the case of being an OMP, the only remuneration I received during the relevant year was for conducting Primary Ophthalmic Services (NHS Sight Tests).

**Signature of Optometrist/OMP/Independent Prescribing Optometrist who is a contractor making a claim for themselves:**

**GOC/GMC No:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Part E: To be completed by an Employed Optometrist; Locum Optometrist; Employed OMP; or Employed Independent Prescribing Optician making a claim via their Employer/Contractor**

LHB to whom I make this claim, where I was listed on the supplementary ophthalmic list during **2022** (please tick one box):

- |                             |                          |                         |                          |
|-----------------------------|--------------------------|-------------------------|--------------------------|
| Aneurin Bevan UHB (7A6)     | <input type="checkbox"/> | Hywel Dda UHB (7A2)     | <input type="checkbox"/> |
| Betsi Cadwaladr UHB (7A1)   | <input type="checkbox"/> | Powys teaching HB (7A7) | <input type="checkbox"/> |
| Cardiff & Vale UHB (7A4)    | <input type="checkbox"/> | Swansea Bay UHB (7A3)   | <input type="checkbox"/> |
| Cwm Taf Morgannwg UHB (7A5) | <input type="checkbox"/> |                         |                          |

**I understand that my Contractor is claiming payment of the CPD Allowance for Optometrists in respect of myself and I declare that:**

- I have undertaken the appropriate CPD during 2022;
- I have maintained my professional registration in 2022;
- I am properly entitled to claim the CPD Allowance, via my nominated employer;
- The information I have given on this form is correct and complete;
- I understand that if it is not appropriate action may be taken.

For the purposes of verification of this claim for NHS funds and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by the Local Health Board and the NHS Counter Fraud and Security Management Service.

I also confirm that I was included on the supplementary ophthalmic list of the above LHB from which I am claiming in the relevant year, and I assisted in the provision of general ophthalmic services for at least 6 months during the relevant year (during which period I maintained my professional registration). This is the only claim for the CPD Allowance that I have submitted or will submit in respect of 2022.

**Signature of employed optometrist; locum optometrist; OMP or Independent Prescribing Optometrist:**

**GOC/GMC No:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***If you are claiming as an employed Optometrist; locum Optometrist; employed OMP or employed Independent Prescribing Optician this claim must be countersigned by your employer below and they must be listed as an authorised signatory in the practice for payment purposes. Claims not signed by an authorised signatory will be returned without payment.***

I confirm that the information provided is correct to the best of my knowledge and that appropriate action may be taken if there is proved to have been more than one claim in respect of the named employed/locum optometrist, OMP, or Independent Prescribing Optometrist.

For the purpose of verification of this claim for NHS funds and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by the LHBs and the NHS Counter Fraud and Security Management Service.

I further confirm that, if I have not made CPD available in paid time or under an alternative arrangement agreed between us, I will pass on the payment to the named employed/locum optometrist, OMP or Independent Prescribing Optometrist. In the case of an employed/locum optometrist, OMP or Independent Prescribing Optometrist, subject to the requirements of the GOC, if I have made available fewer than 12 GOC accredited points of CPD, I will pass on to the named employed/locum optometrist, OMP or Independent Prescribing Optometrist a proportion of the payment calculated either on a basis agreed between us or, failing that, pro rata, based on 12 points made available entitling me to retain 100% of the annual allowance.

<b>Body Corporate/Contractor number:</b>	OL/CO
<b>Name of Authorised Signatory/ Contractor: (BLOCK CAPITALS)</b>	
<b>Signature of Authorised Signatory/ Contractor:</b>	
<b>Date:</b>	

*The authorised signatory must be included on the authorised signatory form held by NWSSP for WGOS purposes.*

**Part F: To be completed by a Dispensing Optician or Contact Lens Optician making a claim via their Employer/Contractor**

LHB to whom I make this claim, where I was providing services in the LHB area during **2022** (please tick one box):

Aneurin Bevan UHB (7A6)	<input type="checkbox"/>	Hywel Dda UHB (7A2)	<input type="checkbox"/>
Betsi Cadwaladr UHB (7A1)	<input type="checkbox"/>	Powys teaching HB (7A7)	<input type="checkbox"/>
Cardiff & Vale UHB (7A4)	<input type="checkbox"/>	Swansea Bay UHB (7A3)	<input type="checkbox"/>
Cwm Taf Morgannwg UHB (7A5)	<input type="checkbox"/>		

**I understand that my Employer/Contractor is claiming payment of the CPD Allowance for Dispensing Opticians/Contact Lens Opticians/WGOS 2 Accredited Contact Lens Opticians, as indicated in Part B, in respect of myself and I declare that:**

- I have undertaken the appropriate CPD during 2022;
- I have maintained my professional registration in 2022;
- I am properly entitled to claim the CPD Allowance, via my nominated employer;
- The information I have given on this form is correct and complete;
- I understand that if it is not appropriate action may be taken.

For the purposes of verification of this claim for NHS funds and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by the LHB and the NHS Counter Fraud and Security Management Service.

I also confirm that I was employed by the contractor included in the ophthalmic list of the above LHB from which I am claiming in the relevant year, and I assisted in the provision of services for at least 6 months during the relevant year (during which period I maintained my professional registration). This is the only claim for the CPD Allowance that I have submitted or will submit in respect of 2022.

<b>Signature of DO/CLO:</b>	
<b>GOC No:</b>	
<b>Date:</b>	

***If you are claiming as a Dispensing Optician/Contact Lens Optician, this claim must be countersigned by your employer below and they must be listed as an authorised signatory in the practice for payment purposes. Claims not signed by an authorised signatory will be returned without payment.***

I confirm that the information provided is correct to the best of my knowledge and that appropriate action may be taken if there is proved to have been more than one claim in respect of the named, Dispensing Optician or Contact Lens Optician.

For the purpose of verification of this claim for NHS funds and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by the Local Health Boards and the NHS Counter Fraud and Security Management Service.

I further confirm that, if I have not made CPD available in paid time or under an alternative arrangement agreed between us, I will pass on the payment to the named Dispensing Optician/Contact Lens Optician. In the case of an employed Dispensing Optician/Contacts Lens Optician, subject to the requirements of the GOC, if I have made available fewer than 12 GOC accredited points of CPD, I will pass on to the named employed Dispensing Optician/Contact Lens Optician a proportion of the payment calculated either on a basis agreed between us or, failing that, pro rata, based on 12 points made available entitling me to retain 100% of the annual allowance.

<b>Body Corporate/Contractor number:</b>	OL/CO
<b>Name of Authorised Signatory/Contractor:</b> (BLOCK CAPITALS)	
<b>Signature of Authorised Signatory/Contractor:</b>	
<b>Date:</b>	

*The authorised signatory must be included on the authorised signatory form held by NWSSP for WGOS purposes.*

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**Please return your claim form by 12 March 2024 to:**

[nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)

# Guidance on how to complete the CPD allowance claim form for 2022

The following information will assist you in completing the CPD allowance claim form. It is important to read the guidance before completing the claim form.

Please do:

- ✓ Complete all relevant sections (further guidance below).
- ✓ Write clearly.
- ✓ Read all appropriate declarations before signing.
- ✓ Return completed claim form by 12 March 2024 to [nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk).

Please do not:

- ✗ Complete claim form if you have not been on a Local Health Board ophthalmic/supplementary ophthalmic list for at least 6 months during **2022**, or you have not been employed as a Dispensing/Contact Lens Optician in Wales for at least 6 months during **2022**.

## Completing the CPD Allowance claim Form:

Parts A, B and C **Must** be completed by **all** applicants.

Applicants should only complete one of the following Parts D, E or F, depending on the allowance you are entitled to.

### Part A – To Be Completed By All

- ✓ Type or write in BLOCK CAPITALS the full name and relevant professional body number of the person the claim relates to.

### Part B – To Be Completed By All

- ✓ Please tick one box indicating which part of the allowance you are entitled to and claiming for.

### Part C -To Be Completed By All

- ✓ Provide full name and address of practice to which payment will be paid.
- ✓ Provide full Body Corporate number (CO-\_\_\_\_) or Ophthalmic Contractor number (OL\_\_\_\_)

### Part D – Contractors Claiming for Themselves

- ✓ All sections to be completed by Ophthalmic Contractors/OMPs/Independent Prescribing Opticians (OL-\_\_\_\_) claiming for themselves.

### Part E – Employed/Locum Optometrists/OMPs/Independent Prescribing Opticians Claiming via their Employer

- ✓ To be completed by an employed/locum Optometrist/OMP/Independent Prescribing Optician making a claim via their Employer/Contractor.
- ✓ Body Corporate/Contractor number must be the same as in part C.
- ✓ Section must be signed by an authorised signatory that is included on the authorised signatory form held by NWSSP for WGOS purposes.
- ✗ Do not sign as the Employer/Contractor if you are not an authorised signatory for WGOS purposes.

## **Part F – Dispensing Opticians/Contact Lens Opticians Claiming via their Employer**

- ✓ To be completed by a Dispensing Optician/Contact Lens Optician making a claim via their Employer/Contractor.
- ✓ Body Corporate/Contractor number must be the same as in part C.
- ✓ Section must be signed by an authorised signatory that is included on the authorised signatory form held by NWSSP for WGOS purposes.
- ✗ Do not sign as the Employer/Contractor if you are not an authorised signatory for WGOS purposes.

### **How do I submit my claim form**

Once completed return via email to: [nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)

### **Items to Note regarding your claim:**

- Incomplete or incorrect forms will be returned to the practice to which you have requested payment. Payment will **not** be made until the corrected forms have been returned to the email address above.
- Claims for CPD relating to the provision of WGOS 4 (Medical Retina and Glaucoma) are not allowable for the CPD year 2022, as the service was not commissioned in 2022.
- An employer/contractor may choose to make available CPD\*. Where an employer/contractor makes available 12 or more GOC accredited points of CPD, the employer/contractor may retain the CPD grant. Where the employer/contractor has made available fewer than 12 GOC accredited points, the employer will pass on a proportion of the payment calculated either on a basis agreed between the employer/contractor and applicant, or failing that, pro rata, based on 12 points made available entitling the applicant to retain 100% of the annual allowance.

\*"Making available CPD" means the employer/contractor makes an investment in time or money to provide CPD, examples may include:

- Training during paid working hours, which could qualify towards CPD points.
- Funding to attend training courses attracting CPD points (this funding may include hotel accommodation and travel).
- Paid time out of practice to attend activities that could qualify towards CPD points.
- Providing/developing in-house learning resources that could qualify towards CPD points.
- Providing access to paid for on-line resources.

Should you have any questions regarding the process please contact [nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk).